These shortcomings will be removed when the Navodaya Vidyalayas have their own buildings. The construction programme for the Navodaya Vidyalayas has been initiated and attempt is being made to complete it in as short a time as possible.

The scheme provides that all the Navodaya Vidyalayas will be affiliated to the Central Board of Secondary Education. However, since the stu-dents joining a Navodaya Vidyalaya in class VI have mostly studied in the medium of regional language in State Government schools and they cannot switch-over immediately to a different medium or syllabus, as provided in the scheme, instruction has been arranged in the medium of local language with simultaneous teaching of English and Hindi. Naturally, therefore, the students will have to refer to the textbooks in that language, which happen to be the textbooks in use in State Government schools. They will switch-over to CBSE system over a period of time.

All the principals in 83 Navodaya Vidyalayas are in position. Since, the Navodaya Vidyalayas were opened late in 86-S7 students have not had enough time to complete the courses of study. Therefore, it has been decided by the Navodaya Vidayalaya Samiti to extend the academic session and hold annual examinations immediately after the summer vacation in July.

Eradication of major killer diseases among children

1243. SHRl VISHWA BANDHU GUPTA- Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that measles chronic diarrhoea, dip-theria, whooping cough pneumonia; tetanus, poliomyelits and tuberculosis are still the major killer diseases of children in the country;

(b) if so, what was the number of children who died from these diseases during the last three years in the urban and rural areas in the country; and

(c) what steps Government propose to take or have taken to eradicate these children diseases in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) Yes, Sir. But in the case of diarrhoea, death is rarely caused and, Foliomyelits generally cause disability.

(b) The data on the deaths due to chronic diarrhoea, pneumonia and vac cine preventable diseases like Diph theria, Whooping cough, Tetanus, Po liomyelitis and Tuberculosis in the country is incomplete, since most of the cases go unreported as they are not taken to the hospitals|dispensaries and also private practitioners and voluntary organisations dispensing medical treatment may not be report ing such casses. The available infor mation on deaths reported by various health institutions | hospitals | dispen saries to Central Bureau of Health In telligence (CBHI) of the Ministry of Health and Family Welfare for the last three years are given in the en closed statement (See below). No separate data on deaths in urban and rural areas in available.

(c) The expanded Programme on Immunisation was started hy the Go vernment of India in 1978 with the objective of reducing morbidity, mor tality and disabilities due to diphthe ria Portussis, Tetanus, Poliomyelitis; Tuberculosis and Typhoid fever by making free vaccination services easily available to all eligible children and expectant mothers. Measles va ccination was initiated in 1985-86. To achieve Universal Immunisation by 1990, Government of India has started Universal Immunisation (UIP) during 1985-86 with tlie objective to immu nise 85 per cent of the eligible infants against the six vaccine preventable diseases and to cover IOO per cent of pregnant women with 2 doses of TT.

This programme is implemented in a phased manner, in selected districts; and outreach areas of medical colleges. The whole country will be covered by 1990. Government of India has launched diarrhoeal diseases control programme during the 7th Plan period. It is aimed to educate mothers on the diahorreal diseases, encourage them in the use of home made fluids and, increase the use of ORS for treatment of mild dehydration. However, acute dehydration cases are treated in the hospitals. Training components of various levels have been augmented and supply of ORS to various health agencies has also been augmented.

Statement

Reported Deaths Due to Vaccine Preventable Diseases and Diarrhoeal in India.

Diseases	1984	1985	1986*
1. Diptheria	375	374	293
2. Whooping Cough	95	41	57
3. Tetanus	5426	4662	3777
4. Measles	508	506	21
5. Poliomyelitis	355	432	484
6. Tuberculosis	11112	9933	7888
7. Enteric Fever	686	470	414
8. Diarrhoeal Disease	9096	7088	6885

*Data is provisional and not comparable due to ill defind coverage.

SOURCE : C.B.H.I., D.G.H.S. Ministry of Health & Family Welfare.

Chinese Population Control Strategy

1244. DR. H. P. SHARMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what are the salient features of Chinese strategy, in their control of human population; and

(b) how India's efforts compare with the Chinese results?

THE MINISTER OF STATE iN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) and (b) The Family Planning Programme in China is being implemented with long-term goal of achieveing zero population growth by 2000 AD with a population size beiow 1.2 billion. To meet this objective, the One-Child family policy is reported by being implemented through ideological education (persuasion) supplemented by economic and administrative incentives for One-Child families and penalties for families having third and higer order births.

2, ln India the National Family Welfare Programme is being implemented with the goal of achieving Net Reproduction Rate of Unity by the year 2000 AD and it is being promoted on a purely voluntary basis in consonance with the democratic tradition of the country. It seeks to promote responsible and planned parenthood through education and motivation with a Two-Child family norm male, female or both, through independent choice of Family Planning method best suited to the acceptors.